

FROZEN FOOD LOCKER PLANT LICENSE APPLICATION

Instructions: Please complete this application **IN FULL**. A separate application **SUBMITTED IN DUPLICATE** is required for each place of business.

The fee for each **RENEWAL** or **NEW** application in the sum indicated below payable to the **DEPARTMENT OF HEALTH SERVICES** must accompany this application. Unsigned or incomplete applications cannot be processed. **For RENEWAL applications**, please indicate the license number on the top right-hand corner of your check and on this application. Please submit applications in duplicate, fee payment, and any additional information to the following address:

Department of Health Services
Food and Drug Branch
P.O. Box 942832
Sacramento, CA 94234-0006

2003/2004 fee: ☐ \$109.60 (**PCA Code 85125**)

Type of application (check one): ☐ Renewal ☐ New ☐ Amended If renewal, specify license number: _____

Name of firm		DBA (if appropriate)		
Business address (number, street)	City	State	ZIP code	Telephone number ()
Mailing address (if different from above) (P.O. Box)	City	State	ZIP code	Telephone number ()
County where facility is located	Person responsible for operations		Correspondent	

Does your facility have any other valid licenses or registrations issued by this Department? ☐ Yes ☐ No If yes, please identify:

Name	Number	Effective date of license and registration
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Were any changes made from the previous application? ☐ Yes ☐ No If yes, please explain.

Type of ownership ☐ Partnership ☐ Corporation ☐ Association ☐ Individual/sole proprietorship ☐ Other (describe) _____

If an individual or sole proprietorship:

Name of individual or sole proprietor	Name of business entity (DBA)
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If a partnership or other unincorporated association:

Name of each partner or member	Name of the partnership or association


If a corporation:

Name of corporation	Name of state of incorporation
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Name of each corporate officer and corporate director	Title of each corporate officer and corporate director

The Food and Drug Branch **must be notified immediately** of any change in the above information. If any changes were made, explain on a separate sheet.

Under penalty of perjury, under the laws of the State of California, the person whose signature appears below, certifies and says that: (1) he/she is the applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) he/she has read the foregoing application and knows the contents thereof and that each and all statements therein made are true; (3) no person other than the applicant or applicants has any direct or indirect interest in the applicant's business to be conducted under the license for which this application is made; and (4) all supplemental statements are true and accurate.

Signature of applicant		Date
		
Name of applicant (please print)	Title of applicant	